



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R13/9-10)  
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

FILE NUMBER									
1. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box →									
<b>SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>									
2. Last Name Goodman		First Name James		Middle Name Merlin		Nickname Jim		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 10725 Chesapeake Dr N				5. FAX (Optional) ( )		6. E-mail Address (Optional)			
7. City Indianapolis		State IN	ZIP Code 46236	8. County Marion		9. Telephone (Day) (317) 443 9066		10. Telephone (Evening) (317) 443 9066	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Lawrence City Council Dist 5					
<b>SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.</b>									
13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Committee to elect James M. Goodman									
14. Mailing Address <input type="checkbox"/> Check if this is a new address 10725 Chesapeake Dr N				15. FAX (Optional) ( )		16. E-mail Address (Optional)			
17. City Indianapolis		State IN	ZIP Code 46236	18. County Marion		19. Telephone (317) 443 9066		20. Committee Organization Date (MM-DD-YY) 02/04/2015	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson James M. Goodman									
22. Mailing Address <input type="checkbox"/> Check if this is a new address 10725 Chesapeake Dr N				23. FAX (Optional) ( )		24. E-mail Address (Optional)			
25. City Indianapolis		State IN	ZIP Code 46236	26. County Marion		27. Telephone (Day) (317) 443 9066		28. Telephone (Evening) (317) 443 9066	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Chase									
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)					31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)</b>									
32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer Melinda Lee Goodman			Signature of the Committee Chairperson James M. Goodman		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Melinda Lee Goodman									
34. Mailing Address <input type="checkbox"/> Check if this is a new address 10725 Chesapeake Dr N				35. FAX (Optional) ( )		36. E-mail Address (Optional)			
37. City Indianapolis		State IN	ZIP Code 46236	38. County Marion		39. Telephone (Day) (317) 855 1916		40. Telephone (Evening) (317) 855 1916	
<b>SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)</b>									
41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).						Signature of Person Accepting Appointment			
<b>SECTION E. CERTIFICATION OF STATEMENT</b>									
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.									
42. Typed or Printed Name of Chairperson James M. Goodman		Signature of Chairperson James M. Goodman				Date (MM-DD-YY) 2-4-15			
43. Typed or Printed Name of Candidate James M. Goodman		Signature of Candidate James M. Goodman				Date (MM-DD-YY) 2-4-15			
<b>Warning:</b> State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).									
<b>FOR OFFICE USE ONLY</b>									
<b>FILED</b>									
FEB 05 2015									
Myra A. Eldridge									